REQUEST FOR RESCHEDULE

TC	DA	Y'S I	DATI	E				_																
Hearing Date										Case #														
R	espo	nden	t's N	ame						Location or Telephone Hearing												į		
ATTORNEY OR RESPONDENT INFORMATION																								
Na	me.	,					_		Phone Number													_		
La	Law Firm															:								
RE	RESCHEDULE REASON																							
Court Conflict										Court				Defendant										
									Case Number															
Other										Please Explain														
AVAILABILITY FOR RESCHEDULE																								
Ple	Please circle the dates you <u>ARE NOT</u> available during the next sixty (60) days:																							
Fax to (303) 205-5700																								
Month Mor									nth					_	Month									
1	2	3	4	5	6	7		.	2	3	4	5	6	7]	1	2	3	4	5	6	7		
8	9	10	11	12	13	14	-	3	9	10	11	12	13	14		8	9	10	11	12	13	14		
15	16	17	18	19	20	21		5	16	17	18	19	20	21		15	16	17	18	19	20	21		
22	23	24	25	26	27	28	2	2	23	24	25	26	27	28		22	23	24	25	26	27	28		
29	30	31					2	9	30	31						29	30	31						
I undriveshoot full tho	ve) in uld I y adv	tand Colo prev vised cums	that porado ail at my o	oursu will the s	ant to be resched	o C.R evoke luled	S.S. §42 ed as of hearing	f th g.	e or	igina am a	al he n att	aring orne	date y sig	e, and	d suc for 1	h rev ny cl	ocat	ion v I cer	/ill b tify t	e reso hat I	inde have	;		
Sig	Signature													Dat	е									

Date